

## TYPE 5 INCIDENT COMPLEXITY ANALYSIS

TYPE 5 INCIDENT	Yes	No
Span of control > 1 Resource ( 5 People)		
RH < 25%		
Wind > 5mph		
Containment >2 hours		
If two or more factors are checked Yes, consider classifying incident as Type 4. If decision has been made to stay at Type 5, document your rationale and discussion. If fire is Type 4, order IC if not qualified. <b>TAKE ACTION ONLY TO THE LEVEL OF YOUR TRAINING AND QUALIFICATIONS UNTIL RELIEVED.</b> If transition does take place, give a thorough briefing to incoming IC and make transition of command official with dispatch and fire line personnel.		
IC COMMENTS:	Date:	Time:

## Initial Fire Size Up

Incident Number:	Fire Number	DOI:	State:	USFS:
1.Fire Name:	Geographical Location:			
2. Township/Range/Section	LAT/LONG: (hdd °mm' sec")		UTM : _____	
Township: _____ Range : _____	LAT: _____		Easting : _____	
Section : _____ ¼ sec : _____	LONG: _____		Northing : _____	
3. Incident Commander:	4. Current size/Acres:			
5. Apparent Cause	Natural:	Human:	Fire Investigator Name:	
6. Additional Resources Needed?	No	Yes	(Specify)	
7. Control Problems?	No	Yes	(Specify)	
8. Complexity?	Type 5	Type 4	(Other)	
9. Spread Potential	1) Low	2) Moderate	3) High	4) Extreme
10. Fire Behavior	1) Smoldering	2) Creeping	3) Running	4) Spotting
	5) Torching	6) Crowning	7) Crowning/Spotting	8) Erratic
11. Flame Length	FEET			
12. Slope at head of fire	1) 0-25%	2) 26-40%	3) 41-55%	4) 56-75%
	5) 76+%			
13. Position on Slope	1) Ridge top	2) Saddle	3) Lower 1/3	4) Middle 1/3
	5) Upper 1/3			
	6) Canyon Bottom	7) Valley Bottom	8) Mesa/Plateau	9) Flat/Rolling
14. Aspect	1) Flat	2) North	3) NE	4) E
	5) SE			
	6) S	7) SW	8) W	9) NW
	10) Ridge top			
15. Fuel Type	1) Short Grass	2) Timber w/grass	3) Tall Grass	4) Chaparral Brush
	5) Brush 2ft			
	6) Dormant Brush	7) Southern Rough	8) Closed Timber Litter	9) Hardwood Litter
	10) Timber (litter & understory)	11) Light Logging Slash		12) Medium Logging Slash
16. Wind Speed	Gusts		Direction	
17. Weather Condition	1) Clear	2) Scattered Clouds	3) Building Cumulus	4) T-Storms in Area
	5) Lightning	6) Overcast	7) Showers L or H	
18. Elevation	FT			
	Staging Area Location:			
19. Radio Freqs.	Command		Tac	Air to Ground
20. LCES?	Yes		No	
Estimated Containment:	Date:		Time:	
Estimated Control:	Date:		Time:	
Hazards:				
Structures Threatened	No	Yes	(Specify)	
Water Source(s)				
Draft site descriptive location		LAT/LONG:		
Resource type:		Number of Gallons		

FINAL FIRE REPORT									
FIRE		USDA:			DOI:			STATE:	
DESCRIPTIVE LOCATION:									
DISCOVERY DATE		(mm/dd/yyyy)		TIME:				<input type="checkbox"/> Estimated	<input type="checkbox"/> Actual
INITIAL ATTACK DATE		(mm/dd/yyyy)		TIME:				<input type="checkbox"/> Estimated	<input type="checkbox"/> Actual
CONTAINED		(mm/dd/yyyy)		TIME:				ACRES:	
CONTROLLED		(mm/dd/yyyy)		TIME:				ACRES:	
ACTUAL OUT DATE		(mm/dd/yyyy)		TIME:				ACRES:	
COORDINATES AT ORIGIN:		GEOGRAPHIC		LAT:			LONG:		
		UTM:		Easting:			Northing:		
		LEGAL:	Township:		Range:		Sec.:		¼ Sec.:
ELEVATION (ft):				SLOPE (%)			COUNTY:		
REPORTED BY:		<input type="checkbox"/> 1 FS Lookout <input type="checkbox"/> 2 Other Lookout <input type="checkbox"/> 3 FS Patrol <input type="checkbox"/> 4 Other FS Employee <input type="checkbox"/> 5 Cooperator <input type="checkbox"/> 6 FS Permittee <input type="checkbox"/> 7 FS Aircraft <input type="checkbox"/> 8 Other Aircraft <input type="checkbox"/> 9 Infrared <input type="checkbox"/> 10 Other							
STATISTICAL CAUSE:		<input type="checkbox"/> 1 Lightning <input type="checkbox"/> 2 Equipment Use <input type="checkbox"/> 3 Smoking <input type="checkbox"/> 4 Campfire <input type="checkbox"/> 5 Debris Burning <input type="checkbox"/> 6 Railroad <input type="checkbox"/> 7 Arson <input type="checkbox"/> 8 Children <input type="checkbox"/> 9 Misc. (specify): _____							
GENERAL CAUSE:		<input type="checkbox"/> 1 Timber Harvest <input type="checkbox"/> 2 Harvest other prod. <input type="checkbox"/> 3 Forest/Range mgt. Activities <input type="checkbox"/> 4 Highway <input type="checkbox"/> 5 Power Reclaim. <input type="checkbox"/> 6 Hunting <input type="checkbox"/> 7 Fishing <input type="checkbox"/> 8 Other Rec. <input type="checkbox"/> 9 Resident <input type="checkbox"/> 10 Other							
SPECIFIC CAUSE:		<input type="checkbox"/> 1 Lightning <input type="checkbox"/> 2 Aircraft <input type="checkbox"/> 3 Vehicle Burn <input type="checkbox"/> 4 Exhaust-Power Saw <input type="checkbox"/> 5 Exhaust- Other <input type="checkbox"/> 6 Logging <input type="checkbox"/> 7 Brakes <input type="checkbox"/> 8 Cook Fire <input type="checkbox"/> 9 Warming Fire <input type="checkbox"/> 10 Smoking <input type="checkbox"/> 11 Trash Burn <input type="checkbox"/> 12 Burn Dump <input type="checkbox"/> 13 Field Burn <input type="checkbox"/> 14 Land Clearing <input type="checkbox"/> 15 Slash Burn <input type="checkbox"/> 16 Right-of-Way Burn <input type="checkbox"/> 17 Resource Mgt. Burn <input type="checkbox"/> 18 Grudge Fire <input type="checkbox"/> 19 Pyromania <input type="checkbox"/> 20 Smoke out Bees/Game <input type="checkbox"/> 21 Insect/Snake Control <input type="checkbox"/> 22 Job Fire <input type="checkbox"/> 23 Blasting <input type="checkbox"/> 24 Burning Building <input type="checkbox"/> 25 Power line <input type="checkbox"/> 26 Fireworks <input type="checkbox"/> 27 Playing with Matches <input type="checkbox"/> 28 Repel Predators <input type="checkbox"/> 29 Stove Fuel <input type="checkbox"/> 30 Other							
CLASS OF PEOPLE:		<input type="checkbox"/> 1 Owner <input type="checkbox"/> 2 Permittee <input type="checkbox"/> 3 Contractor <input type="checkbox"/> 4 Public Employee <input type="checkbox"/> 5 Local Permanent <input type="checkbox"/> 6 Seasonal <input type="checkbox"/> 7 Transient <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 Visitor <input type="checkbox"/> 10 Not Person Caused							
NFFL FUEL MODEL		<input type="checkbox"/> 1 Grass (1ft) <input type="checkbox"/> 2 Timber w/Grass <input type="checkbox"/> 3 Grass (3ft) <input type="checkbox"/> 4 Chaparral (6ft) <input type="checkbox"/> 5 Brush (2ft) <input type="checkbox"/> 6 Dormant Brush <input type="checkbox"/> 7 Southern Rough <input type="checkbox"/> 8 Closed Timber Litter <input type="checkbox"/> 9 Hardwood Litter <input type="checkbox"/> 10 Timber (litter & understory) <input type="checkbox"/> 11 Light Logging Slash <input type="checkbox"/> 12 Medium Logging Slash <input type="checkbox"/> 13 Heavy Logging Slash							
NFDRS FUEL MODEL		<input type="checkbox"/> A Annual Grasses <input type="checkbox"/> C Open Timber w/Grass <input type="checkbox"/> F Mature, closed oak, open P/J <input type="checkbox"/> H Conifer, little understory <input type="checkbox"/> G Dense Conifer w/litter <input type="checkbox"/> O Dense Tamarisk, Salt Cedar <input type="checkbox"/> T Sagebrush/Grass							

<div>Incident Objectives</div> <div><div>1. Safety of Firefighters and Public.</div><div>2.</div><div>3.</div><div>4.</div><div>5.</div></div> <div>Your goal is to manage the incident and not create another.</div>	<div><div>• Take Charge of assigned resources</div><div>• Motivate firefighters with “can do safely” attitude</div><div>• Demonstrate Initiative by taking action in the absence of orders</div><div>• Communicate by giving specific instructions and asking for feedback</div><div>• Supervise at the scene of action</div></div>
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Major Event (ICS 214) Documentation of Safety and Health Hazard Compliance	
➤	_____
➤	_____
➤	_____
➤	_____
➤	_____
➤	_____
➤	_____

Signature (IC) _____	Signature (Agency Approver) _____
Date _____	Date _____